

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		
O.I.P.E. CLASSIFIER	EDN	11	6-7-00
FORMALITY REVIEW	NH	617	8/14/00
RESPONSE FORMALITY REVIEW	CHAL	67499	7-25-00
			10/16/00

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) ..... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/18/00
2	✓	✓	2/18/00
3	✓	✓	2/18/00
4	✓	✓	2/18/00
5	✓	✓	2/18/00
6	✓	✓	2/18/00
7	✓	✓	2/18/00
8	✓	✓	2/18/00
9	✓	✓	2/18/00
10	✓	✓	2/18/00
11	✓	✓	2/18/00
12	✓	✓	2/18/00
13	✓	✓	2/18/00
14	✓	✓	2/18/00
15	✓	✓	2/18/00
16	✓	✓	2/18/00
17	✓	✓	2/18/00
18	✓	✓	2/18/00
19	✓	✓	2/18/00
20	✓	✓	2/18/00
21	✓	✓	2/18/00
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23	✓	✓	2/18/00
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29	✓	✓	2/18/00
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42	✓	✓	2/18/00
43	✓	✓	2/18/00
44	✓	✓	2/18/00
45	✓	✓	2/18/00
46	✓	✓	2/18/00
47	✓	✓	2/18/00
48	✓	✓	2/18/00
49	✓	✓	2/18/00
50	✓	✓	2/18/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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